

<b>SCC eFile</b>	<b>2014 ANNUAL REPORT</b> <b>COMMONWEALTH OF VIRGINIA</b> <b>STATE CORPORATION COMMISSION</b>	<b>214508015</b>			
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME:  <b>Treasurers' Association of Virginia, Inc.</b></p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:  <b>KEVIN R APPEL</b>  <b>5600 7TH ST S</b>  <b>ARLINGTON, VA</b></p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE:  <b>ARLINGTON COUNTY</b></p> <p>4.) STATE OR COUNTRY OF INCORPORATION:  <b>VA</b></p> </div> <div style="width: 35%;"> <p>DUE DATE: <b>2/28/2014</b></p> <p>SCC ID NO: <b>07193170</b></p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	
CLASS	AUTHORIZED				
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: PO BOX 1451</p> <p style="margin-left: 40px;">CITY/ST/ZIP: ROANOKE, VA 24007-1451</p>					
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS:      All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: BARBARA O CARRAWAY  TITLE: PAST PRESIDENT  ADDRESS: PO BOX 16495  CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328-6495 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: BARBARA O CARRAWAY TITLE: PAST PRESIDENT ADDRESS: PO BOX 16495 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328-6495	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: BARBARA O CARRAWAY TITLE: PAST PRESIDENT ADDRESS: PO BOX 16495 CITY/ST/ZIP/CO: CHESAPEAKE, VA 23328-6495	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: LAURA RUDY  TITLE: 2ND V PRESIDENT  ADDRESS: PO BOX 68  CITY/ST/ZIP/CO: STAFFORD, VA 22555-0068 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: LAURA RUDY TITLE: 2ND V PRESIDENT ADDRESS: PO BOX 68 CITY/ST/ZIP/CO: STAFFORD, VA 22555-0068	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: LAURA RUDY TITLE: 2ND V PRESIDENT ADDRESS: PO BOX 68 CITY/ST/ZIP/CO: STAFFORD, VA 22555-0068	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: MARTY G EUBANK  TITLE: PRESIDENT  ADDRESS: 2400 WASHINGTON AVE  CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23607 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARTY G EUBANK TITLE: PRESIDENT ADDRESS: 2400 WASHINGTON AVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARTY G EUBANK TITLE: PRESIDENT ADDRESS: 2400 WASHINGTON AVE CITY/ST/ZIP/CO: NEWPORT NEWS, VA 23607	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: KEVIN HUTCHINS  TITLE: IMMED PAST PRES  ADDRESS: PO BOX 21009  CITY/ST/ZIP/CO: ROANOKE, VA 24018-0533 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KEVIN HUTCHINS TITLE: IMMED PAST PRES ADDRESS: PO BOX 21009 CITY/ST/ZIP/CO: ROANOKE, VA 24018-0533	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: KEVIN HUTCHINS TITLE: IMMED PAST PRES ADDRESS: PO BOX 21009 CITY/ST/ZIP/CO: ROANOKE, VA 24018-0533	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: L TODD GARBER  TITLE: VICE PRESIDENT  ADDRESS: PO BOX 471  CITY/ST/ZIP/CO: HARRISONBURG, VA 22803-0471 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: L TODD GARBER TITLE: VICE PRESIDENT ADDRESS: PO BOX 471 CITY/ST/ZIP/CO: HARRISONBURG, VA 22803-0471	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: L TODD GARBER TITLE: VICE PRESIDENT ADDRESS: PO BOX 471 CITY/ST/ZIP/CO: HARRISONBURG, VA 22803-0471	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 55%; vertical-align: top;"> NAME: DELORES SMITH  TITLE: PRESIDENT ELECT  ADDRESS: PO BOX 1308  CITY/ST/ZIP/CO: WISE, VA 24293-1308 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 35%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: DELORES SMITH TITLE: PRESIDENT ELECT ADDRESS: PO BOX 1308 CITY/ST/ZIP/CO: WISE, VA 24293-1308	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME:	EVELYN W POWERS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	PO BOX 1451		
CITY/ST/ZIP/CO:	ROANOKE, VA 24007-1451		
NAME:	CATHY ANN KAYE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 PARK AVE STE 103E		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046-3301		
NAME:	DAVID BRITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 250		
CITY/ST/ZIP/CO:	COURTLAND, VA 23837-0250		
NAME:	RICHARD CORDLE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 70		
CITY/ST/ZIP/CO:	CHESTERFIELD, VA 23832-0906		
NAME:	WALTER S CROCKETT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	225 S 4TH ST		
CITY/ST/ZIP/CO:	WYTHEVILLE, VA 24382-2547		
NAME:	BECKY JONES	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	122 E MAIN STREET STE 101		
CITY/ST/ZIP/CO:	BEDFORD, VA 24523-2000		
NAME:	ROBIN PERKINS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 512		
CITY/ST/ZIP/CO:	MANASSAS, VA 20108-0512		
NAME:	LEROY O PFEIFFER JR	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 28		
CITY/ST/ZIP/CO:	CUMBERLAND, VA 23040-0028		
NAME:	JEFF SHAFER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1007		
CITY/ST/ZIP/CO:	HARRISONBURG, VA 22801-1007		
NAME:	HARRY L WHITT	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 156		
CITY/ST/ZIP/CO:	KING WILLIAM, VA 23086-0156		
NAME:	PHYLLIS YANCEY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 469		
CITY/ST/ZIP/CO:	ORANGE, VA 22960-0276		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DEBORAH B ROBINSON DIRECTOR PO BOX 251 YORKTOWN, VA 23690-0251	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ EVELYN W POWERS _____ SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	EVELYN W POWERS, TREASURER _____ PRINTED NAME AND CORPORATE TITLE	2/11/2014 _____ DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			